PART B - FEE(S) TRANSMITTAL

WASHINGTON OFFICE CUSTOMER NUMBER

> SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800

WASHINGTON, DC 20037

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION	NO. FILIN	G DATE	FIRST NAMED IN	VENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION	
10/540,519	10/540,519 06/23/2005		Hideki FUJIKI	Hideki FUJIKURA Q8		588	6623	
TITLE OF INVENTION MEDICINAL USE TO		ONTAINING HE	TEROCYCLIC DERIV	ATICES, MEDIC	CINAL COMPOSI	FIONS CONTAIN	ING THE AME AND	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	E PUBLICAT FEE	ION PREV. P	AID ISSUE FEE	TOTAL FEE(: DUE	S) DATE DU	
nonprovisional	onal NO \$1510.00		\$300.00		\$0.00	\$1,810.00	12/24/200	
EXAMINER			ART UN	T CLAS	S-SUBCLASS			
Traviss C. MCINTOSH III			1623	51	4-035000			
. Change of correspo	ndence address or ind	ication of "Fee A	ddress" (37 CFR 1.363		on the patent front p		Sughrue Mion, PLL	
Change of correspondence address (or Change of Correspondence Address) attached.				(1) the names attorneys or age	of up to 3 regis nts OR, alternative	tered patent ly, 2		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be				
. ASSIGNEE NAMI	AND RESIDENCE	DATA TO BE I	RINTED ON THE PAT	printed. ENT (print or typ	ie)			
PLEASE NOTE: Unl	h in 37 CFR 3.11. Co	mpletion of this	assignee data will appo form is NOT a substitute	e for filing an assi	If an assignee is id gnment.	entified below, the	document has been f	
A) NAME OF ASSI			and STATE OR COUN	TRY)				
KISSEI PHARMACI	UTICAL CO., LTD.	Na	gano, Japan					
lease check the appr	opriate assignee cate	gory or categories	(will not be printed on	the patent): 🗆 Ind	ividual 🗹 Corporat	ion or other private	group entity 🗆 Gove	
4a. The following fee(s) are submitted:			4b. Paymo	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
☑ Issue Fee				☐ A check is enclosed.				
☑ Publication Fee (No small entity discount permitted)				Payment by credit card. Form 1310-2038 is attached.				
☐ Advance Order - # of Copies			overpayme	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit a overpayment, to Deposit Account Number 19-4880.				
		☑ The USPTO is directed and authorized to charge all required fees to Deposit Account N 19-4880. Please also credit any overpayments to said Deposit Account.						
Change in Entity S	atus (from status ind	icated above)						
a. Applicant claim							e 37 CFR 1.27(g)(2).	
		(if required) will	not be accepted from a	yone other than t				
NOTE: The Issue Fee	own by the records of	the chiled state		Deagoate			December 17, 2009	
The Director of the U NOTE: The Issue Fee party in interest as sh Authorized Signature	own by the records o	Itu	Dea	Date		December	17, 2009	